

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		3				
15		3				
16		3				
17		3				
18	1					
19		1				
20		1				
21	1					
22		1				
23		1				
24		1				
25		2				
26		2				
27		2				
28		2				
29		3				
30		3				
31		3				
32		3				
33		3				
34		4				
35		4				
36		3				
37		3				
38		3				
39		3				
40		3				
41		3				
42		3				
43		3				
44		3				
45		3				
46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3				
52		3				
53		3				
54		3				
55	1					
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67	1					
68		1				
69		1				
70		1				
71		1				
72	1					
73		2				
74		2				
75		2				
76		2				
77		2				
78		2				
79	1					
80	1					
81		3				
82		3				
83		3				
84		3				
85		3				
86		3				
87		3				
88		3				
89		3				
90		3				
91		3				
92		3				
93		3				
94		3				
95		3				
96		3				
97		3				
98						
99						
100						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	206	↓		↓		↓
TOTAL CLAIMS	210					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS